

SIGN UP TODAY FOR ASSOCIATION PAY!

THE AUTOMATIC WAY TO MAKE YOUR ASSOCIATION PAYMENT

NO MORE COUPONS! NO MORE CHECKS TO WRITE! NO POSTAGE COSTS! NO WORRIES! NO HASSLE!

Enjoy the benefits of "Association Pay," the automatic payment system.

It's the easy way to help manage your budget!

- ◆ When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is on a weekend or holiday, your account is debited the next business day.
- ◆ Simply complete the authorization form below.
- ◆ Attach a **voided check and the last coupon from your coupon book** to the form.
- ◆ Mail form to **P.O. Box 2914 Largo, FL 33779-2914**.
- ◆ **Continue to make your payments until you are notified by postcard when your automatic payment will start.**
- ◆ A separate authorization form must be completed for each unit if you make payments for more than one association.
- ◆ If you have signed up for "Association Pay" already, you do not need to return this form again.
- ◆ If this is a special assessment to the association that is not currently debited, complete this form and return with the special assessment coupon.

ASSOCIATION PAY AUTHORIZATION

Attach a voided check and the last coupon from your coupon book.

ASSOCIATION NAME _____ UNIT NO. _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FINANCIAL INSTITUTION _____ PHONE _____

BANK ROUTING NO. _____ CHECKING SAVINGS ACCOUNT NO. _____

I hereby authorize Colonial Bank to initiate debit entries to my checking or savings account at the financial institution indicated above for the purpose of making my association payments. I also authorize the financial institution to withdraw these payments from my account. The transfer of funds from my account will not cease until Colonial Bank receives written notification within 15 days before the next effective transaction date. Colonial Bank is authorized to accept, from the association or its management company, changes in amounts, account information or cancellation of this authorization.

DATE _____ **Complete both sections and keep top section for your records.** **OWNER'S COPY**

Attach a voided check and the last coupon to bottom section. If there are any changes of banks or account numbers or sale of unit, please contact Colonial Bank Association Services.

MAIL THIS FORM TO COLONIAL BANK ASSOCIATION SERVICES • P.O. BOX 2914 • LARGO, FL 33779-2914

Call 1-888-722-6669 for additional information.

Attach voided check and last coupon **ASSOCIATION PAY AUTHORIZATION** Return bottom section

ASSOCIATION NAME _____ UNIT NO. _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FINANCIAL INSTITUTION _____ PHONE _____

BANK ROUTING NO. _____ CHECKING SAVINGS ACCOUNT NO. _____

I hereby authorize Colonial Bank to initiate debit entries to my checking or savings account at the financial institution indicated above for the purpose of making my association payments. I also authorize the financial institution to withdraw these payments from my account. The transfer of funds from my account will not cease until Colonial Bank receives written notification within 15 days before the next effective transaction date. Colonial Bank is authorized to accept, from the association or its management company, changes in amounts, account information or cancellation of this authorization.

DATE _____ SIGNED _____ SIGNED _____ **BANK'S FILE COPY**

FOR BANK USE ONLY:

Encoded Serial No. Received	Association	Management Co.	Date
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